

Reasonable Endeavours: meeting the needs of vulnerable children June 2020

Provider Services Assurance

SERVICE	How is your service continuing to identify children with SEND or who are shielded?	How are you currently meeting the needs of children with SEND or who are shielded?	What are you doing that is <u>additional</u> to how services were delivered previously e.g. welfare checks?	How will you meet the needs of children with SEND or who are shielded after June 2020?
<p style="text-align: center;">Speech & Language Department</p>	<ul style="list-style-type: none"> • Service has been through caseloads and made contact with all families either by phone / letter if can't get hold of them. • Signposted to resources on website / helpline 5 days / week • Given contact details for therapists in letters • In liaison with SENCo's in schools and other partner agencies to provide support • Engaging in MDT meetings via video line • Not accepting referrals currently but moving to begin to do this. Have signposted referrers to advice in interim including helpline for conversation with therapist. 	<ul style="list-style-type: none"> • Contact via phone / videoing and face to face (with PPE / completing risk asst) where required for feeding / Safeguarding • Providing written resources updating programmes or advice / verbal advice and demonstrations / video links for families 	<ul style="list-style-type: none"> • Welfare checks and signposting to services • Video support – web and using systems for face to face contacts. • Use of more online advice sources • More phone consultations / email advice • Providing packages / information for acers / schools 	<ul style="list-style-type: none"> • Work within SRFT guidelines and with schools / LA etc. to begin to support service delivery back in locations for children – home or school • Prioritising caseloads to ensure statutory need / most vulnerable groups addressed. • Continue to offer home visits / support within SRFT guidelines (e.g. feeding safeguarding currently) as doing currently • (potential impact on welfare checks as other services resume)
<p style="text-align: center;">Paediatricians / Medical service</p>	<ul style="list-style-type: none"> • There is an ongoing OP service, new referrals are still being accepted and contact made with families by telephone, children with SEND needs are therefore still being identified. 	<ul style="list-style-type: none"> • Children under our care are still be reviewed, the majority through tel consults, but also through video calls and a small number of F2F appts. • Assessment and management plans are being reviewed and updated. 	<ul style="list-style-type: none"> • Including the welfare check with the tel consults • Daily advice line – provided a lot of assistance to parents and school particularly regarding shielding and vulnerable children. 	<ul style="list-style-type: none"> • As above along with implementing a recovery plan that sees a gradual reintroduction of more face to face appointments.

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Paediatricians / Medical service		<ul style="list-style-type: none"> • Parents are being directed to on line resources that may be helpful to use at home. • Medical advice for EHCP's is still being written following discussion with parents and review of existing information. • Information sharing is still happening with schools by email and through the daily advice line for professionals. • Some MDT meetings are still being held through Microsoft teams for the most complex cases. • Parents are contacting their consultants for advice either via the secretaries or through the advice line. 		
0-19 Teams	<ul style="list-style-type: none"> • All CYP that are identified with SEND are added to the team SG spread sheet. • Through the assure app and triangulation work SEND children are RAG rated and the SG risk assessment is completed to identify need, contact type and how often and by who. 	<ul style="list-style-type: none"> • 0-19 Teams are continuing with all core visits – primaries are face to face unless a reason not to complete, shielding, risk of COVID or parental preference. All other visits are currently being completed video or when unable telephone. Any additional needs identified that cannot be met by video 	<ul style="list-style-type: none"> • Welfare checks are being completed as part of the Early Years Operation Encompass. • Triangulation of cases with Social care, Health and Education/EH 	<ul style="list-style-type: none"> • Continue to identify and meet the needs as above and in addition to changes with national guidance. Working together with EH teams to re instate the 18 month assessment

		or phone call are being met by face to face following COVID risk assessments.		
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CAMHS	<ul style="list-style-type: none"> We continue to work with partner agencies to offer support around mental health issues. We have where possible continued remote working and contacting families that we have identified with mental health concerns. Families are aware we have a duty number Monday to Friday 9-5 that they can contact if they have concerns around increasing mental health difficulties. 	<ul style="list-style-type: none"> CAMHS continue to offer appointments when clinically indicated either face to face remotely or as appropriate with the families. We are working with other agencies when required to address mental health concerns. 	<ul style="list-style-type: none"> We have continued to offer appointments and contacts and provide ongoing clinical interventions when safe and appropriate. When unable to see face to face we have made every effort to contact remotely via video links, or telephone. We have shared literature and information via email and post etc. to continue to engage with our young people and families with mental health concerns. 	<ul style="list-style-type: none"> We are continuing to work with wider agencies via teams and remote working to continue to offer assessments and interventions. We have created a risk assessment and a socially distanced clinic that allows and facilitates appointments at CAMHS so we can continue to meet the needs of our young people and families.
LD / Special Schools	<ul style="list-style-type: none"> There is an on-going outpatient service, new referrals are still being accepted and contact made with families by telephone, video consultation, children with SEND needs are therefore still being identified. The Children's Community Nursing team continue to provide home visits to meet physical health needs and will complete a health needs assessment as required. Telephone reviews are 	<ul style="list-style-type: none"> Children under our care are still be reviewed, the majority through telephone reviews, and telephone consultations. Assessment and management plans are being reviewed and updated. Parents are being directed to on line resources that may be helpful to use at home. Information sharing and liaison is still happening with schools and early help by email. Some MDT meetings are still being held through 	<ul style="list-style-type: none"> Telephone welfare check included as part of the review process Risk assessments to determine the need for face to face or video call The Children's Community Nurses continue to offer telephone advice support – provided a lot of assistance to parents and school particularly regarding shielding and vulnerable children Play Specialists providing story boards to help children cope at home 	<ul style="list-style-type: none"> As above along with implementing a recovery plan that sees a gradual reintroduction of more face to face appointments. A risk assessment is carried out to determine those children that could benefit from being seen face to face or virtually particularly where there are safeguarding concerns.

	completed for existing children.	<p>Microsoft teams for the most complex cases</p> <ul style="list-style-type: none"> • Parents continue to contact the service for advice. • Play Specialists providing story boards to help children 		
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LD / Special Schools		<p>cope at home whilst shielding</p> <ul style="list-style-type: none"> • Children Community Nursing team continues to provide face to face home visit as required. For children attending Special Schools during this period the special school nurses are on site to deliver health interventions as required. Those children who are not attending school, the Special School Nurses conduct telephone reviews. 		
CCN & Continuing Care Service	<ul style="list-style-type: none"> • We have named nurse teams, and we are aware of children who have named nurse teams who have shielding letters. • We have also arranged for some of our children to receive shielding letters because as professionals we felt they needed them. • We use the team daily huddle each day to update the team of those children we need to be aware of. 	<ul style="list-style-type: none"> • We are contacting the families weekly to monthly as required. • We continue to do home visits as required. • We have a list in the off duty of all the children who have received shielding letters and therefore we are aware of them needing regular contact and welfare checks, this includes them and their families 	<ul style="list-style-type: none"> • We have sent out postcards to children with chronic needs so they are aware we are still open. • We are doing more frequent phone calls/ visits if families require support. • We also check if additional equipment and supplies are required 	<ul style="list-style-type: none"> • We will continue to contact monthly within our nursing teams. • Visit patients as required. • We will continue to identify these children regularly by liaising with the school nurses to ensure we are up to date with all our patients. • We will ensure as a service we continue to follow the PPE and COVID 19 guidelines and incorporate them into the care we provide.

				<ul style="list-style-type: none"> • Clinics and other appointments for assessments can be done via video consultations.
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OT/PT	<p>The service is in contact with all children on their caseloads via video or phone calls. New referrals are still being accepted and contact made with families by telephone and or video calling, children with SEND needs are therefore still being identified. If a face to face appointment is recommended then the family are asked if the child or other family member is shielding.</p>	<p>All children on our caseload have a home therapy programme that families are being supported to carry out at home. (Regular phone or video calls to review programmes and respond to any queries or concerns from families) Where positioning equipment is required this is in place and if any adjustments are required then where possible we are supporting the families to undertake these through a video call. If this is not appropriate and the family agree to a home visit then this is being undertaken, wearing full PPE in line with PHE guidance Therapists are attending any relevant MDT meetings that are being undertaken using Microsoft teams. For children attending schools support is being given to the staff in schools virtually and if this does not resolve the issue then school visits have been undertaken following a risk</p>	<p>Previously not all children would have as detailed home therapy plans. There was not the option to support families using video calling and we would not make as regular calls to families to monitor their therapy needs. These calls are also being used to incorporate welfare checks. Attendance at MDT meetings via video conferencing was not an option before which limited the numbers of meetings we could attend.</p>	<p>We will continue to offer the service as above but will also risk assess all children on the caseload to rate them. This will enable us to identify those at higher need of input/reassessment and then we will work with the families to determine how we can complete these interventions. Face to face appointments will be offered at home or in clinic dependent on need and agreement by family, for those that the assessed input cannot be completed over the phone or via a video call. Additional resources have been requested. If provided these will enable us to provide more equipment to families to undertake an enhanced level of therapy at home that would normally be undertaken in schools or clinics. It will also enable us to undertake more detailed assessments of new referrals, via video calling minimising the need for them to wait for face to face clinic slots to become available.</p>

		assessment and wearing full PPE in line with PHE guidance.		We are also developing additional electronic resources (Advice sheets and small videos) for families to access.
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